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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6013106 02/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **253 BRADINGTON DRIVE** INTEGRITY HC OF COLUMBIA COLUMBIA, IL 62236 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint #1940626\IL109044 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300,32100) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1010 Medical Care Policies The facility shall notify the resident's h) Attachment A physician of any accident, injury, or significant change in a resident's condition that threatens the **Statement of Licensure Violations** health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/08/19

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Based on record review and interview, the facility failed to assess and identify a significant need to

by:

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12/29, 12/30 and 12/31/2018. There is no documentation in R1's Nurses Notes in

December 2018 that V7, Physician or V10, Nurse Practitioner (NP) was notified of R1's refusals.

V10's Progress Note documents R1 was seen on 12/27/2018, but there is no documentation related

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was refusing to take his med's. He was lethargic,

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local hospital.

V9's Nurse's Note, dated 1/06/2019 at 11:40 AM, documents R1 left by ambulance in route to the

On 2/13/2019 at 1:06 PM, V12, Daughter, stated, "They told me they were having trouble

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disease."

status. Multiple pulmonary emboli are identified on previous examination from 2018 in similar distribution but there are new emboli identified in comparison with the previous examination and the appearance on the current examination is not compatible with chronic pulmonary embolic

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(A)

status."

resident's family or representative (sponsor) when: There is a significant change in the resident's physical, mental or psychosocial